2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000038766

Entity Name: KB HOME TITLE SERVICES INC.

FILED Aug 18, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8403 S PARK CIRCLE BLVD #670 ORLANDO, FL 32819				9102 SOUTHPARK CENTER LOOP 140 ORLANDO, FL 32819		
Current Mailing Address:				New Mailing Address:		
10990 WILSHIRE BLVD. 7TH FLOOR, TAX DEPT. LOS ANGELES, CA 90024				10990 WILSHIRE BLVD. 5TH FLOOR, TAX DEPT. LOS ANGELES, CA 90024		
FEI Number:	59-3318375	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent	t			Date
OFFICERS Title: Name: Address:	ALLRED, KELLY	Delete		ADDITION: Title: Name: Address:	DVT ALLRED, KE	S TO OFFICERS AND DIRECTORS: (X) Change () Addition LLY M HIRE BLVD., 5TH FLOOR
City-St-Zip: Title: Name: Address: City-St-Zip:	HOLLINGER, W	Delete ILLIAM R E BLVD., 7TH FLOOR		City-St-Zip: Title: Name: Address: City-St-Zip:	DVAS HOLLINGER, 10990 WILSH	ES, CA 90024 (X) Change () Addition WILLIAM R HIRE BLVD., 7TH FLOOR ES, CA 90024
Title: Name: Address: City-St-Zip:	BUTKYS, LINAS	OUTH AVE., STE. 101		Title: Name: Address: City-St-Zip:	MILLER, HAF	PARK CENTER LOOP, STE. 200
Title: Name: Address: City-St-Zip:	SILVER, RICHÁI	E BLVD., 7TH FLOOR		Title: Name: Address: City-St-Zip:	BUSH, DARY	PARK CENTER LOOP, STE. 200
Title: Name: Address: City-St-Zip:	BLAND, DONNA	Delete DUTH AVE., STE. 101 LLS, CA 91367		Title: Name: Address: City-St-Zip:	CECERE, DO 10990 WILSH	(X) Change()Addition DMENICO HIRE BLVD., 7TH FLOOR ES, CA 90024
Title: Name: Address: City-St-Zip:	RICHELIEU, TOI	E BLVD., 7TH FLOOR		Title: Name: Address: City-St-Zip:	,	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORY F. COHEN SVP 08/18/2006